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## FACSIMILE TRANSMISSION COVER SHEET

Date:

April 12, 2005

<u>To:</u>

United States Patent and Trademark Office

Examiner: Aggarwal, Yogesh K.; Art Unit: 2615

Fax:

(703) 872-9306

Re:

Application Serial No.: 09/676,998

Filing Date: 9/29/2000; First Named Inventor: Pine, Joshua I.

Attorney Docket No.: 0190230

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 14

## Message:

Enclosed please find the Amendment and Response to the Final Office Action dated January 13, 2005. A copy of Revocation and Power of Attorney is also enclosed.

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PTO/SB/21 (08-03)

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09/676,998

Application Number

TRANSMITTAL		Filing Date	9/29/200								
FORM		First Named Inventor	Pine, Jos	Pine, Joshua I.							
(to be used for all correspondence after initial filing)		Examiner Name	Aggarwa	ı K,							
		Art Unit	2615								
Total Number of Pages in This Submission	Attorney Docket Number	0190230									
ENCLOSURES (check all that apply)											
X Fee Transmittal Form  Fee Attached  X Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Altorney, Revocation Change of Correspondence Ad Terminal Disclaimer  Request for Refund  CD, Number of CD(s)		After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):								
Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53											
SIGNA	ATURE	OF APPLICANT, ATTORN	EY, OR AG	ENT							
Firm or Individual name Farjami, Esq., Reg. No. 41,014 Farjami-& Farjami, LLP Signature Date April 12, 2005											
· · · · · · · · · · · · · · · · · · ·	CEI	RTIFICATE OF TRANSMIS	SION								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at facsimile number (703) 872-9306 on the date shown below.											
Type or printed name Lesley L. Lam											
Signature Church Date April / 2											

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PTO/SB/17 (12-04)

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Complete if Known						
			Application Number		09/676,998				
FEE TRANSMITTAL				Filing Date	9/29/2	9/29/2000			
			. , .	<del></del>	First Named Inventor	Pine,	Pine, Joshua I.		
F	or FY	2005			Examiner Name	Aggar	Aggarwal, Yogesh K.		
Applicant Claims	small entity s	tatus. See 37	CFR 1.27		Art Unit	2615	2615		
TOTAL AMOUNT OF PA	YMENT	(\$) 0.00			Attorney Docket No.	01902	0190230		
METHOD OF PAYMENT (check all that apply)									
Check C	Check Credit Card Money Order Other (please identify):								
X Deposit Account	Deposit Aco	ount Number: 50	0-0731		_ Deposit Account Na	me: Farjami a	& Farjami LLP		
	entified deposit ee(s) indicated		ector is her	eby authori	red to: (check all that a	apply)	low, except for the filing fee		
	any additional for	ee(s) or underpa	yments of t	fee(s)	X Credit any ove	mayments			
			dit card info	rmation sho	uld not be included on th	ils form. Provi	de credit card information and		
FEE CALCULATION									
1. BASIC FILING, SEA	ARCH, AND	EXAMINATIO	N FEES				· · · · · · · · · · · · · · · · · · ·		
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Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250		100	1 003 1 did (0)		
Design	200	100	100	50		65	<del></del>		
Plant	200	100	300			80			
Reissue	300	150	500	250		300			
Provisional	200	100	0	230		0			
2. EXCESS CLAIM FE		100	U	·	U	U	Small Entity		
Fee Description	LU						Fee (\$) Fee (\$)		
Each claim over 20 or,	for Reissues	. each claim ov	er 20 and	I more tha	n in the original pate	ent	50 25		
Each independent clair									
Multiple dependent cla		,,,,,,,, .				or.g pur	360 180		
Total Claims	Extra Claim	s Fee	<u>(\$)</u>	Fee Paid	<u>! (\$)</u>	Multiple D	Pependent Claims		
- 20 or HP		x	=		<u>-                                     </u>	Fee (\$	) Fee Paid (\$)		
HP = highest number of total of	-								
Indep. Claims - 3 or HP =	Extra Claim	s <u>Fee</u>	( <b>\$</b> ) =	Fee Paid	<u>l (\$)</u>				
HP = highest number of indepo	endent claims pai	d for, if greater than	3						
3. APPLICATION SIZE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
- 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
Other:									
SUBMITTED BY									
Signature	KM/	1//		egistration			Telephone (949) 282-1000		
Name (Print/Type) Fa	rshad Fari	ami Fsq	1.0				Date 4/12/05		

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